

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Thomas L. Combs  
#390-993  
P.O. Box 5500  
Chillicothe, OH 45601

C-1-02-392, Docs. 18 & 19

## 2. Article Number

(Transfer from service label)

7001 2510 8008 6347 8743

PS Form 3811, August 2001

SSB

Domestic Return Receipt

102595-02-M-0835

## A. Signature

X

CCLC

☐ Agent☐ Addressee

## B. Received by (Printed Name)

CLARKE

## C. Date of Delivery

9-10-03

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes